

CHAPTER 54-07-05

MEDICATION ADMINISTRATION BY A MEDICATION ASSISTANT

Section

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54-07-05-01. Statement of intent. North Dakota Century Code chapter 43-12.1 allows the licensed nurse to delegate and supervise nursing interventions to individuals authorized by the board to perform those functions. Medication administration is a nursing intervention. Medication administration is the responsibility of licensed nurses and requires the knowledge, skills, and abilities of the licensed nurse to ensure public safety and accountability. Unlicensed assistive persons who have completed a prescribed training program in medication administration or who have been delegated the delivery of a specific medication for a specific client may perform the intervention of giving or applying routine, regularly scheduled medications to the client. The medication assistant III may perform the intervention of administering medications to the client in an ambulatory health care setting. The licensed nurse must be available to monitor the client's progress and effectiveness of the prescribed medication regimen. Delegation of medication administration in acute care settings or for individuals with unstable or changing nursing care needs is specifically precluded by these rules.

History: Effective September 1, 1994; amended effective February 1, 1998; May 1, 1999; April 1, 2004; August 1, 2005.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)

54-07-05-02. Definitions. Repealed effective April 1, 2004.

54-07-05-03. Medication management regimen. When the licensed nurse is responsible for the management of the medication regimen, then any delegation must conform to the provisions of this chapter.

History: Effective September 1, 1994; amended effective February 1, 1998.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)

54-07-05-04. Requirements for supervision. A licensed nurse who delegates medication administration to a medication assistant must provide supervision as follows:

1. In a licensed nursing facility, the licensed nurse must be on the unit and available for immediate direction.
2. In an ambulatory health care setting where the licensed nurse delegates the intervention of giving medications to another individual, the licensed nurse must be available for direction.
3. In any other setting where the licensed nurse delegates the intervention of giving medications to another individual, the licensed nurse must establish in writing the process for providing the supervision in order to provide the recipient of the medication appropriate safeguards.

History: Effective September 1, 1994; amended effective February 1, 1998; May 1, 1999; April 1, 2004; August 1, 2005.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)

54-07-05-05. Eligibility for medication assistant registration. An application for registration as a medication assistant I or II and a thirty dollar fee must be submitted by the applicant to the board office. An application for registration as a medication assistant III and a forty dollar fee must be submitted by the applicant to the board office. The applicant for medication assistant registration must have registration on the unlicensed assistive person registry. Upon receipt of the required materials, a medication assistant registration, that reflects the type of program completed, will be issued to correspond with the applicant's registration as an unlicensed assistive person.

1. Unlicensed assistive persons may obtain initial medication assistant I registration by:
 - a. Successfully completing a board-approved medication assistant program I; or
 - b. Submitting evidence of successful completion of a medication assistant program in another state equal in content to a board-approved medication assistant program I curriculum.
2. Unlicensed assistive persons may obtain initial medication assistant II registration by:
 - a. Successfully completing a board-approved medication assistant program II; or

- b. Submitting evidence of successful completion of a medication assistant program in another state equal in content to a board-approved medication assistant program II curriculum.
- 3. Unlicensed assistive persons successfully completing a medication assistant program prior to August 1, 1999, are not subject to the initial medication assistant I registration requirements in subsection 1.
- 4. Unlicensed assistive persons may obtain initial medication assistant III registration by:
 - a. Submitting evidence of successful completion of two semesters of an approved nursing education program, each of which must have included a clinical nursing component. The two semesters combined must have included basic clinical skills, basic pharmacology, principles of medication administration, and mathematics competency; or
 - b. Submitting evidence of:
 - (1) Successful completion of a board-recognized medical assistant program; and
 - (2) Certification from the American association of medical assistants or its successor organization awarding the certified medical assistant credential or registration from the American medical technologists or its successor organization awarding the registered medical assistant credential.

History: Effective September 1, 1994; amended effective February 1, 1998; May 1, 1999; April 1, 2004; August 1, 2005.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-09(1)

54-07-05-06. Medication assistant registration renewal. The medication assistant registration expiration date must correspond to the individual's unlicensed assistive person registration expiration date and must be renewable at the same time that the unlicensed assistive person registration is renewed. Medication assistant registry listing renewal requires verification of continued competence. An enrolled nursing student or unlicensed graduate of an approved nursing education program may renew with the clinical practice hours in the nursing program within the past two years. The graduate from a board-recognized medical assistant program must show evidence of current certification from the American association of medical assistants or successor organization or current registration from the American medical technologists or successor organization.

Unlicensed assistive persons who have completed a medication assistant program prior to August 1, 1999, and unlicensed assistive persons who have completed either the medication assistant program I or the medication assistant

program II after that date are not required to retake the program prior to renewing registration at the same level.

History: Effective September 1, 1994; amended effective February 1, 1998; May 1, 1999; April 1, 2004; August 1, 2005.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-10(2)

54-07-05-07. Reactivation of a lapsed medication assistant registration. An individual with previous medication assistant training who has not performed medication assistant duties within the last two years must:

1. Demonstrate performance of medication administration to a licensed nurse within the employing facility by satisfactory completion of a board-approved clinical skills checklist;
2. Complete a board-approved medication assistant program I or II that is appropriate to the practice setting; or
3. Submit documentation of continued competency and verification of current certification from the American association of medical assistants or successor organization or current registration from the American medical technologists or successor organization.

History: Effective September 1, 1994; amended effective May 1, 1999; April 1, 2004; August 1, 2005.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-10(2)

54-07-05-08. Medication assistant registration disciplinary action. The registration issued to an unlicensed assistive person, including the medication assistant registration, may be revoked, suspended, encumbered, or denied based upon the provisions of chapter 54-02-07.

History: Effective September 1, 1994; amended effective February 1, 1998; April 1, 2004.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-14

54-07-05-09. Routes or types of medication administration.

1. Administration of the initial dose of a medication that has not been previously administered to the client must be administered according to organization policy.
2. Medication assistant students and medication assistants may administer medications by the following routes to individuals or groups of individuals with stable, predictable conditions according to organization policy:

- a. Oral, sublingual, and buccal medications;
 - b. Eye medications;
 - c. Ear medications;
 - d. Nasal medications;
 - e. Rectal medications and enemas;
 - f. Vaginal medications;
 - g. Skin ointments, topical medications, including patches and transdermal medications;
 - h. Metered hand-held inhalants; and
 - i. Unit dose nebulizers.
3. Medication assistants III may administer medications by the following routes to individuals or groups of individuals with stable, predictable conditions according to organization policy:
- a. Intramuscular injections;
 - b. Subcutaneous injections;
 - c. Intradermal injections;
 - d. Gastrostomy; and
 - e. Jejunostomy.
4. Medication assistant students and medication assistants I or II may only administer medications by the following routes when specifically delegated by a licensed nurse for a specific client:
- a. Gastrostomy;
 - b. Jejunostomy; and
 - c. Subcutaneous.
5. Medication assistant students and medication assistants I or II may not administer medications by the following routes:
- a. Central lines;

- b. Colostomy;
 - c. Intramuscular injection;
 - d. Intravenous;
 - e. Intravenous lock;
 - f. Nasogastric tube;
 - g. Nonmetered inhaler;
 - h. Intradermal;
 - i. Nonunit dose aerosol/nebulizer; or
 - j. Urethral catheter.
6. Medication assistants III may not administer medications by the following routes:
- a. Central lines;
 - b. Colostomy;
 - c. Intravenous;
 - d. Intravenous lock;
 - e. Nasogastric tube;
 - f. Nonmetered inhaler;
 - g. Nonunit dose aerosol/nebulizer; or
 - h. Urethral catheter.
7. Medication assistant students and medication assistants may not administer the following kinds of medications:
- a. Barium and other diagnostic contrast media;
 - b. Chemotherapeutic agents; or

- c. Through any medication pumps, nor assume responsibility for medication pumps, including client-controlled analgesia.

History: Effective May 1, 1999; amended effective April 1, 2004; August 1, 2005.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)

54-07-05-10. Pro re nata medications.

1. The decision to administer pro re nata medications cannot be delegated in situations where an onsite assessment of the client is required prior to administration.
2. Some situations allow the administering of pro re nata medications without directly involving the licensed nurse prior to each administration.
 - a. The decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse.
 - b. Written parameters specific to an individual client's care must be written by the licensed nurse for use by the medication assistant when an onsite assessment is not required prior to administration of a medication. These written parameters:
 - (1) Supplement the physician's pro re nata order; and
 - (2) Provide the medication assistant with guidelines that are specific regarding the pro re nata medication.

History: Effective May 1, 1999.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)